application for admission
Doctor of Ministry at Sioux Falls Seminary
completing your application
Checklist and Instructions for Application Materials

checklist

☐ Application for Admission and Fee
Mail completed and signed application along with the $40 non-refundable application fee to: Sioux Falls Seminary, 2100 S. Summit Avenue, Sioux Falls, SD 57105.

☐ Personal History and Spiritual Autobiography
Please submit a 5-7 page paper which includes:
- A brief description of your life, including formative experiences
- Educational experience
- An account of your Christian pilgrimage
- A description of your call to vocational ministry
- A description of your vocational ministry experience

☐ Statement of Purpose for Pursuing D.Min. Studies
Please submit a brief statement (one page or less) describing why you are interested in the Doctor of Ministry program at this time. Include how you perceive this program will help you meet your personal, professional, and academic goals.

☐ Statement of Initial Area of Concentration
Choose an initial concentration (Proclamation of the Gospel, Ministry Leadership, Rural Church Leadership, Missional Church Leadership, Pastoral Care, Marriage and Family Studies, Spiritual Formation, or Biblical/Theological Studies in Ministry) that will likely be the general subject area for your final project. Students can change their concentration after entering the program. This statement (one page or less) should declare your initial area of concentration and why you are interested in focusing on this particular area.

☐ Academic Writing Sample
Submit an original 15-20 page paper or use a previously written one from your M.Div. studies. The paper should represent your best quality of research and writing and, if possible, be on a subject in your proposed area of concentration. It should include proper citation of references in parenthetical or footnote style.

☐ Four Personal and Professional References
Fill out the top portion of each form and distribute to references. Be sure to have at least one professional and one academic reference. 
Forms should not be completed by members of your immediate family.

☐ Ecclesiastical Endorsement Form
Return the completed and signed form to Sioux Falls Seminary.

☐ Official Transcripts
Official transcripts in sealed envelopes are required and must be sent from every undergraduate and graduate institution attended.

☐ Interview
An interview with the D.Min. Director and/or the D.Min. Admissions Committee is part of the application process. Interviews are usually conducted in person but can be done by phone, if necessary.

info and instructions

1

Completing the Application
To apply, fill out the enclosed application packet or visit www.sfseminary.edu/howtoapply to apply online. Applications are complete once Sioux Falls Seminary receives all of the items on the checklist. Decisions regarding acceptance are not made until all items have been received.

2

Application Deadline
Applications must be submitted at least four months prior to the start of the first semester.

3

Acceptance
Once all application materials are received, the admissions committee will process applicant files and make a decision regarding acceptance. Sioux Falls Seminary can and may request additional information. Applicants will be notified in writing immediately after application files have been reviewed. In the event admission is not granted, the admissions committee reserves the right to withhold specific reasons from applicants.

4

Questions
For questions, contact the admissions department by phone at 800.440.6227 or by e-mail at admissions@sfseminary.edu.
application for admission
Doctor of Ministry  Sioux Falls Seminary

Personal Information
Name ____________________ ____________________ ____________________

Last First Middle

Address
Permanent
Street City State/Province Zip/Postal Code Country (if other than U.S.)

Mailing
Street City State/Province Zip/Postal Code Country (if other than U.S.)

Phone: Home (___)___________ Work (___)___________ E-mail ____________________

Birth: Date ___________ City ___________ State/Province ___________ Country ___________

month/day/year

Country of Citizenship ____________________ U.S. Social Security Number ____________________
or Canadian Social Insurance Number

Enrollment Information
Initial Focus
What is your desired area of concentration? ____________________

What is your anticipated enrollment date? ____________________

(October/Year)

What former name(s) might appear on your academic records? ____________________

Please list the names of other seminaries to which you are applying? (optional) ____________________

Who most encouraged you to apply at Sioux Falls Seminary? ____________________

Street Address City State/Prov. Zip/Postal Phone

Check the appropriate description of this person:
☐ SF Seminary Alumni/Trustee ☐ Denominational Leader ☐ Pastor ☐ Other ____________________

Educational Information
Have you applied to Sioux Falls Seminary or North American Baptist Seminary before? ☐ Yes ☐ No

If a former student, when were you enrolled? ____________________

Have you been denied admission to or dismissed from any other educational institution? ☐ Yes ☐ No

If yes, where and for what reasons? ____________________
List each post high school institution where at least one course was taken for credit. Attach extra paper, if needed.

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<th>Name of School (in order of attendance)</th>
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Ministry and Professional Information

Ministry Service
Please list your current ministry position.

List Professional Service

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Church/Denominational Information

Name of church and city ______
Specific denominational affiliation of church ______
☐ Yes ☐ No - Are you on staff? If yes, what is your position? ______
If you are licensed or ordained, please give details. ______

Recommendations
Give the names and complete addresses of those you have asked to complete personal and professional recommendations.

Personal ___________________________ Professional ___________________________
Address ___________________________ Address ___________________________
Phone ___________________________ Phone ___________________________

Personal ___________________________ Academic ___________________________
Address ___________________________ Address ___________________________
Phone ___________________________ Phone ___________________________

I hereby declare that all information presented in this application is accurate and complete.
Signature ___________________________ Date ___________________________
recommendation form
Doctor of Ministry   .   Sioux Falls Seminary

To be Completed by the Applicant

Applicant Name ____________________________________________

________________________________________________________________________________________

Applicant Address ____________________________________________

Street __________________________________ City __________ State/Province __________ Zip/Postal Code __________

Anticipated Enrollment Date (include semester and year) ____________________________

☐ do waive/☐ do not waive my right to review this recommendation knowing the waiver is not required for admission.

NOTE: Forms should not be completed by members of your immediate family.

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Signature of Applicant

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☐ Pastor/Church Leader ☐ Professional Acquaintance ☐ Employer

☐ Teacher/Professor ☐ Lay Leader ☐ Ministry Supervisor/Colleague

☐ Personal Friend ☐ Other: ______________________________

Please complete the following sections:

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1. How long have you known the applicant? Years ____________ Months ____________

2. How well do you know the applicant? ☐ Casually ☐ Well ☐ Very Well

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2. What do you consider to be the applicant’s greatest strengths?

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C. Additional Comments

Please comment on the applicant’s depth of Christian commitment, relationship to the church, gifts for ministry, community involvement, ability to serve others, and other pertinent information you believe is important to the Admissions Committee in considering this applicant. Attach any additional pages you require.

______________________________

______________________________

______________________________

Signature ____________________________ Date ____________

Organization Name and Title ____________________________________________

Address _____________________________________________________________

Phone (______) ___________________________ E-mail _______________________

Mail completed form to: Sioux Falls Seminary, ATTN: Admissions, 2100 S. Summit Avenue, Sioux Falls, SD 57105
To be Completed by the Applicant

Applicant Name ____________________________

Applicant Address ____________________________

Anticipated Enrollment Date (include semester and year) ________________

I □ do waive/□ do not waive my right to review this recommendation knowing the waiver is not required for admission.

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1. How long have you known the applicant? ________ Years ________ Months

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Signature __________________________________________ Date ______________
Organization Name and Title ________________________________
Address __________________________________________________
Phone (____) ________________________________ E-mail _____________________

Mail completed form to: Sioux Falls Seminary, ATTN: Admissions, 2100 S. Summit Avenue, Sioux Falls, SD 57105
recommendation form
Doctor of Ministry . Sioux Falls Seminary

To be Completed by the Applicant

Applicant Name ____________________________________________

Last First Middle Initial

Applicant Address ____________________________________________

Street City State/Province Zip/Postal Code

Anticipated Enrollment Date (include semester and year) ________________

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________________________________________________________________________________________________________________________________________

C. Additional Comments
Please comment on the applicant’s depth of Christian commitment, relationship to the church, gifts for ministry, community involvement, ability to serve others, and other pertinent information you believe is important to the Admissions Committee in considering this applicant. Attach any additional pages you require.

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Signature ____________________________________________ Date ____________
Organization Name and Title ____________________________________________
Address ____________________________________________
Phone (_____) ______________________________ E-mail ______________________________

Mail completed form to: Sioux Falls Seminary, ATTN: Admissions, 2100 S. Summit Avenue, Sioux Falls, SD 57105
For the board, congregation, or organization of the applicant’s place of ministry or employment: Please fill out the form below indicating your endorsement of the applicant to pursue the Doctor of Ministry program at Sioux Falls Seminary.

The board/congregation/organization of ________________________________________
(name of church/business/institution)

officially endorses ________________________________ as an applicant for the Doctor of Ministry
(name of applicant)

program at Sioux Falls Seminary. Understanding fully that the work required is intended to further the ministry at this church/institution, we pledge that we will grant the applicant the time needed to complete the program. We also pledge that we will cooperate fully in the field projects that the applicant will seek to develop as part of his or her advanced educational training.

Signed _______________________________________

Print Name _____________________________________

Position _______________________________________

Date _________________________________________

Phone (_____) _____________________________
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